NJD046950648 HILLSIDE SPINNING & UNION	STAMPING	CO INC		
			<u> </u>	

State of New Jersey
Department of Environmental Protection and Energy
Manifest Section
CN 421, 401 East State Street

NJX000324764

U.S. EPA AGENCY RO II

CN 421, 401 East State Street Trenton, New Jersey 08625-0421

94 MAY 24 PM 2: 13 Request to Deactivate EPA ID Number"

EPA ID No. NAD					
Company Name:	HTLLSIDE SPINNING	& STAMPING CO., INC		il de la constantina	
Site Address:		tue		on_	
	(stree		(city/		
	(state)	07083-5089	00003	04304	
	(state)	(zip code)	(lot)	(block)	
Mailing Address:					
	(street / p.o.	box)	(city / town)		
	(state)		(zip code)		
Company Contact:	W. Coorge Frank	d in	908-964-3080		
	(name)		(area code and phone	number)	
The EPA ID The site has	number was obtain completed an ECR	(Check all appropria ned for a one time clean A cleanup (indicate E	anup which is compl).	
Is the site present	ly occupied? (circle	yes or no)			
Sign and date the	application below, a	nd retain the last pa	ge (pink copy) for yo	ur records.	
			=======================================		
W. George Fr	rinking	- The second second	The state of the s		
(print	ted name)		(signature)		
Vice Preside			3/21/94		
(1	title)		(date)		

Submission of false information is a violation of N.J.A.C. 7:26-5.6 and N.J.A.C. 7:26-7.3.

copies: White - Manifest Section Yellow - USEPA Region II

Pink - Applicant

1R - 1, N10

©EPA	NOTIFICATION OF HAZARDOUS WASTE ACTIVI	
INSTALLA- TION'S EPA	ADDRAGE AND PROPERTY OF THE PARTY OF THE PAR	label, affix it in the space at left, If any of the information on the label is incorrect, draw a line through it and supply the correct information
I.D. NO. I. NAME OF IN- I. STALLATION	Hills I a San . St. in Co Take	in the appropriate section below. If the label is
INSTALLA-	Hills. de Spinning + Stamping Co Inc 1060 Commerce Ave	below blank. If you did not receive a preprinted label, complete all items. "Installation" means a
II. MAILING ADDRESS	PLEASE PLACE LABEL IN THIS SPACE	single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business, Please refer
	Union, N.J. 07083	to the INSTRUCTIONS FOR FILING NOTIFI- CATION before completing this form. The
LOCATION III OF INSTAL- LATION	1060 Commerce Ave	information requested herein is required by law (Section 3010 of the Resource Conservation and
LATION	Union, N. 7. 67083	Recovery Act).
FOR OFFICIAL	USE ONLY	
c C	COMMENTS	
15 16	ON'S EPA I.D. NUMBER APPROVED DATE RECEIVED	55
きいかりく	6950648 1 830 40 4	
I. NAME OF INS	TALLATION 16 17 22	
HILLSI	DE SPINNENG + STAMPING	COHNC
II. INSTALLATION	ON MAILING ADDRESS	67
<u> </u>	STREET OR P.O. BOX	
3 1 0 60	COMMERCE AVE	45
4UNION	CITY OR TOWN ST.	ZIP CODE
15 16	DF INSTALLATION 40 41 42	07083 47 - 51
III. LOCATION C	STREET OR ROUTE NUMBER	
5 1060	COMMERCE AVE	45
c I I I I I	CITY OR TOWN ST.	ZIP CODE
6 UNION	- 40 A1 42	07083
IV. INSTALLAT		PHONE NO. (area code & no.)
2W GEO	ROTE FRANKLEN	261.964.3080
15 16 V. OWNERSHIP		55 46 - AB 49 - 51 52 - 55
C C	A. NAME OF INSTALLATION'S LEGAL OWNER	
8 W 6 F	RANKLIA	55
(enter the approprie		territoria de la companya del companya de la companya del companya de la companya
F = FEDERAL M = NON-FED	55PAL M 57	B. TRANSPORTATION (complete item VII)
VII. MODE OF T	RANSPORTATION (transporters only – enter "X" in the approp	D. UNDERGROUND INJECTION priate box(es))
A. AIR	B. RAIL GS. C. HIGHWAY D. WATER GS. C.	
	SUBSEQUENT NOTIFICATION	
Mark "X" in the app If this is not your fir	propriate box to indicate whether this is your installation's first notification st notification, enter your Installation's EPA I.D. Number in the space prov	n of hazardous waste activity or a subsequent notification, wided below.
		C. INSTALLATION'S EPA I.D. NO.
📈 A. FIRST	NOTIFICATION B. SUBSEQUENT NOTIFICATION (comple	lete item C)
IX. DESCRIPTIO	NOTIFICATION B. SUBSEQUENT NOTIFICATION (comple	

EPA Form 8700-12 (6-80)

CONTINUE ON REVERSE

				I.D FOR	FFICIAL USE ONLY
				W 1 2	13 16
IX. DESCRIPTION OF	HAZARDOUS WAST	ES (continued from	front)		
A. HAZARDOUS WASTES waste from non-specific	FROM NON—SPECIFIC sources your installation	SOURCES. Enter the handles. Use addition	four—digit number fron al sheets if necessary.	40 CFR Part 261.31	for each listed hazardous
	2	3	4	5	6
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
7	8	9	10	11	12
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
B. HAZARDOUS WASTES specific industrial sources	s your installation handle	ICES. Enter the four—ces. Use additional sheets	ligit number from 40 CF if necessary.	R Part 261.32 for each	listed hazardous waste fro
13	14	15	16	17	18
23 - 26	23 - 26	23 - 26	23 4 26	23 - 26	23 - 26
19	20	21	22	23	24
				the said	
23 - 26	23 - 26	23 - 26	23 - 25	23 - 25	23 - 26
	20		28	29	30
C. COMMERCIAL CHEMIC stance your installation h	CAL PRODUCT HAZAR andles which may be a h	DOUS WASTES. Enter azardous waste. Use ad	the four—digit number ditional sheets if necessa	from 40 CFR Part 261, ry.	33 for each chemical sub-
31	32	33	34	35	36
4210					
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
37	38	39	40	41	42
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
43	44	45	46	47	48
D 1 ISTED INFECTIOUS IN	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
 D. LISTED INFECTIOUS W hospitals, medical and res 	earch laboratories your i	-digit number from 40 (nstallation handles. Use	CFR Part 261.34 for each additional sheets if nec	h listed hazardous wast essary.	te from hospitals, veterinar
49	50	51	52	53	54
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
E. CHARACTERISTICS OF hazardous wastes your ins	NON-LISTED HAZAR stallation handles. (See 4	DOUS WASTES. Mark 0 CFR Parts 261.21 — 2	"X" in the boxes corres 261.24.)	ponding to the charact	eristics of non-listed
1. IGNITAB	LE [DO	2. CORROSIVE	☐3. REAC' (D003)	TIVE	₩4. TOXIC
X. CERTIFICATION		74 - 3 - 5 - 5 - 1 - 1			
I certify under penalty attached documents, an I believe that the submitmitting false information	ia inal basea on my l itted information is ti	inquiry of those indi rue, accumate, and co	widuals immediately	rounantible for abt	ricaina ala a la Carre di
IGNATURE	/ //	NAME & OFFI	CIAL TITLE (type or p	rint)	DATE SIGNED
W. /	and C.	Vice	Parident		8/1/83
PA Form 8700-12 (6-80)	REVERSE	20001	110		
/ /		HOLLOS	NEW YORK HE		
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